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ABSTRACT

This paper introduces a strategy for increasing the use of behaviorally descriptive language by child care workers in an intensive residential treatment unit. The project's broader goal was to improve behavioral diagnosis and documentation of critical incidents. Critical incidents were commonly documented using inappropriate slang and jargon terms in place of informative, behaviorally descriptive language. A 6-hour training session was conducted with child care workers (N=20) and their supervisors (N=2), including a didactic presentation, role playing exercises, and a post-test. Intensive follow-up services included content analysis of critical incidents and weekly meetings with child care supervisors. The use of behaviorally descriptive language was found to have increased substantially at the conclusion of the 10-week program implementation period, and staff were found to use descriptive language more effectively when completing critical incidents reports. Appendices contain a project implementation plan, a training outline, a post-test, and reporting forms. (Contains 12 references.) (Author/PB)

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Increasing Behaviorally Descriptive Language when Documenting Critical Incidents through Training of Line-staff and Supervision

Maureen C. Stauder

Cohort 60

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A Practicum Report Presented to the Master's Program in Child Care, Youth Care, and Family Support in Partial Fulfillment of the Requirements for the Degree of Master of Science

Nova Southeastern University

1994

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I hereby testify that this paper and the work it reports are entirely my own. Where it has been necessary to draw from the work of others, published or unpublished, I have acknowledged such works in accordance with accepted scholarly and editorial practice. I give testimony freely, out of respect for the scholarship of other workers in the field and in the hope that my own work, presented here, will earn similar respect.

May 18, 1994
Date

Maureen C. Stauder
Signature of Student

Abstract

Increasing behaviorally descriptive language when documenting critical incidents through training of line-staff and supervision. Stauder, Maureen C., 1994: Practicum Report, Nova Southeastern University, Master's Program for Child Care, Youth Care, and Family Support. Descriptors: Critical Incidents/Documentation/ Logging/Behavioral Descriptors/Observation/Transfer of Learning/Physical Restraint/Behavioral Observation.

The incorrect documentation of critical incidents was the norm in this practicum setting. Inappropriate slang and jargon terms were commonly used in place of informative, behaviorally descriptive language.

The author designed and implemented a strategy intended to increase the use of behaviorally descriptive language by the child care workers. A joint six-hour training with the child care workers and their supervisors involving a didactic presentation, role plays, and a post-test was conducted. Intensive follow-up by the author including content analysis of critical incidents and weekly meetings with the child care supervisors were utilized.

Following the completion of the training strategy and the weekly meetings with the child care supervisors, the use of behaviorally descriptive language improved substantially. Appendices include a training outline, sample post-test, and a critical incident report form.

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Chapter I

Introduction and Background

The practicum agency is located approximately five miles from a major urban area. The not-for-profit agency has been in existence for 93 years. The agency is owned and operated by a religious community of Roman Catholic women. Currently, there are 250 persons employed in this multi-faceted human service agency. Service areas include intensive-residential treatment (1:3 staff-to-child ratio), residential treatment (1:4 staff-to-child ratio), group home care, independent living program, foster care, in-home treatment, early intervention program for pregnant and new-parenting teens, residential and community day school, partial hospitalization program, and outpatient counseling. The agency is licensed by the state's Department of Public Welfare, is accredited by the Council on Accreditation (COA), and receives funding from the United Way.

The Setting in Which the Problem Occurs

The focus area for this project consists of one of the intensive-residential treatment units and one of the residential units. Together these units employ two supervisors, two unit coordinators (senior child care workers), four afternoon child care workers, four live-in child care workers, four morning child care workers, two night child care workers, and four part-time staff. These staff

members care for 24 males between 7 - 12 years of age. Approximately 40% of the staff have attained bachelor degrees in a related field. All staff have at least a high school diploma.

Each group of children and youth is housed in a unit that does not exceed 12 residents. In addition, each group is located in a separate "home-style" unit. Each building that accommodates one of the groups of 12 residents has the following living space available: 1. four single bedrooms, four double bedrooms, four bathrooms, and two therapist's offices on the second floor, and 2. a laundry room, pantry, kitchen, dining room, living room, playroom, two family visiting rooms, the child care worker's office, sleeping quarters for the live-in staff, and three bathrooms on the first floor.

All clients in the residential component of the agency are placed by court order and come from homes where abuse and/or neglect are the norm. All of the boys in these two programs have a psychiatric diagnosis. In addition, approximately 75% of the specific residents are currently taking psychotropic medication for target behavioral symptoms, such as inattentiveness, impulsiveness, aggression, and others. Numerous out-of-home placements have occurred for most of these boys prior to placement in the agency used for this practicum project. Most have had at least one psychiatric hospitalization (some for as long as two years); most have had at least one failed foster/adoptive home

experience, and for many this current placement is not the first residential placement.

Physical crisis intervention and the ability to document subsequently the intervention is a necessary skill for the child care workers caring for children and youth with behavioral problems. Although verbal intervention is always the first choice, the staff must be prepared to move-in physically and hold a child if necessary. The following list is a sampling of some of the behaviors exhibited by the clients which were documented in the daily logs of these two units:

1. a child "banging his head off-the-wall" or "the floor in anger;"
2. a child "punching himself or a peer;"
3. a child "throwing chairs or other heavy objects at others;"
4. a child "trying to break a window with his fist;"
5. a child "sticking objects in an electrical socket;" and
6. a child "biting," "kicking," "pinching," and/or "scratching himself or others."

Physical crisis intervention is utilized in this practicum agency to stop a client from hurting himself, hurting others, and/or severly damaging property. When a situation exists that requires a staff member to intervene physically with a client, the method of choice, in this agency, is the Professional Assault Response Training - Revised (PART-R) method of crisis intervention and documentation

(see Appendix A) (Smith, 1992). The child care worker is expected to document who was involved, what specifically occurred, when did the incident take place, where did the incident take place, how the staff intervened, and why if known, the incident took place including any precipitating behaviors and/or events.

The service program for these clients includes individual therapy, group therapy, family therapy, recreation therapy, corrective behavior management, and when necessary pharmacological intervention. In addition, approximately 85% of the youth are involved in an on-grounds partial hospitalization program which utilizes a group treatment model. The residential component of the program is in operation 24 hours a day, 365 days a year.

Student's Role in the Setting

Currently the practicum student holds a dual position within the agency: first, the student is a program supervisor for one of the residential units and second, the student is the staff trainer for the agency. As a program supervisor, the student's responsibilities include hiring all child care workers for the unit, accepting clients for residential service, managing the daily activities of the unit including monitoring the treatment interventions that the staff utilizes, and accepting all staff-written reports such as daily logs, critical incident documentation, and primary worker notes.

In the second role, as staff trainer for the agency, the student is in a unique position to work with all of the child care workers employed by the agency. The role

as staff trainer is to provide training for all state-required (mandatory) education. One of the required training themes and the topic which will be the focus of this project is physical crisis intervention and the necessary documentation that follows any critical incident. In addition, the student provides numerous other training sessions on such topics as: cultural diversity, positive discipline, child development, and teamwork.

As a staff member of this practicum agency for the last 15 years, this practicum student has been actively involved in the initiation and development of programs which provided solutions to problems that surfaced as a result of changing needs of clients. Four significant and critical developments that this practicum student has been involved in are:

1. initiating and supervising a co-ed diagnostic and intake unit;
2. designing a residential program to meet the needs of children ages 3 - 6;
3. designing, implementing, and supervising an intensive treatment program for severly disturbed clients ages 6 -18; and
4. designing and delivering the training program for all of the child care workers employed by the agency.

Because of the nature of the student's dual position within this agency and interest in this topic, the student had the necessary tools to implement the changes

necessary in the practicum solution. Previous training topics introduced by this practicum student have been accepted and utilized in program implementation. Also, long-standing positive relationships with other program supervisors were useful in the transfer of learning phase of this project.

Chapter II

The Problem

Problem Statement

"The primary purpose of written reports is to promote communication among team members" (Smith, 1992, p. 6 - 2). The method of crisis intervention and documentation currently being instructed in this practicum setting is the (PART-R) method. This method of documentation is prescriptive and emphasizes what should be contained in a critical incident report (see Appendix B). When properly documented, incident reports can serve as a source of information regarding who was involved in the incident, what precipitating events or behaviors may have triggered the incident, the date and time of day the incident occurred, what specific interventions were attempted to avoid the need for physical intervention, what specific interventions were used in the physical intervention, and what follow-up and notification took place at the conclusion of the reported critical incident. In addition, the written documentation of critical incidents can help to identify training deficiencies, supervision issues, and provide administrative insight into potentially litigious interventions being utilized by child care workers.

The two-part focus of this project was to: 1. increase the use of behaviorally descriptive language in documentation of critical incident reports,

that is, the use of descriptors that are representative of what actually took place during the critical incident; and to 2. enhance supervisory oversight to contain errors within an acceptable range. The following are some examples of good descriptors to include when documenting incidents: "hit", "pinched", "kicked", "bit", "cried", "rocked", and "urinated on himself." Descriptive language is not subject to interpretation by the reader. On the other hand, non-descriptive language can leave the reader with many questions as to what actually took place. Some examples of non-descriptive language include statements such as: "rude," "arrogant," "flipped-out," "lost control," and "went after a peer."

The frequent use of non-descriptive language in the documentation of critical incidents had become the norm in this practicum setting. Critical incident reports were often inaccurately and therefore unacceptably written. Despite their innaccuracy, however, the reports were usually signed by the unit supervisor, denoting the supervisor's approval of the report.

Documentation of the Problem

As a supervisor in this practicum setting, this practicum student reads numerous reports that are submitted for approval by the child care workers. When reading critical incident reports the practicum student found that there were always many questions left unanswered concerning what specifically took place. A person unfamiliar with the workers' slang and jargon might be misled

by a written report, with little idea of what had actually taken place.

In order to determine the scope of this problem, the practicum student conducted a content analysis of 21 critical incident reports that were submitted during the month of December 1993. These reports were submitted by the child care workers from the two target units. Of the reports reviewed, 87% contained at least one error by using jargon, slang, or generic terms to describe the incident. The following is a listing of the significant errors and the number of times each error was documented during the preliminary review of critical incident reports:

1. the child "lost control" (13 times),
2. the child "flipped out" (7 times),
3. the child "agitated peers" (6 times),
4. the child "was non-compliant" (6 times), and
5. the child "was aggressive" (5 times).

The problem with accepting this incorrect documentation of critical incidents is that these statements can lead to confusion, damaged communication, and inadvertently cause misrepresentation of the agency. In addition, 100% of these reports were signed by the supervisor. As stated earlier, agency policy requires that critical incidents must be clearly documented, utilizing behaviorally descriptive terms, and only signed by the supervisor when the report is written in an acceptable manner. In the opinion of the practicum student, only 3 of the 21

submitted critical incident reports met the required standard for incident reporting, and should, therefore have received supervisory approval. The 3 reports that met the (PART-R) method of documentation included the following statements:

1. the child "punched a peer;"
2. the child began "pacing rapidly" and "knocking objects off of the desk and onto the floor;"
3. the child "spit into the face of the child care worker;" and
4. the child "curled-up in a fetal position, rocked gently, and cried softly for his mother."

This practicum agency currently trains the child care workers and their supervisors in the Professional Assault Response Training - Revised (PART-R) method of crisis intervention and documentation (Smith, 1992). Although the PART-R method of documentation teaches the use of behaviorally descriptive terms, often times this author was left to guess at the meaning of the descriptors which were stated on the critical incident reports.

The problem of not using behaviorally descriptive language in critical incident reports is not unique to this practicum setting but has been described elsewhere as well. At Kinark Child and Family Services, for example, the child care workers were trained in Therapeutic Crisis Intervention (TCI) and "very little use of TCI language" (Titus, 1989, p. 66) was apparent in documented critical incident reports.

Further, in a survey conducted by the practicum student of three residential programs located in geographic proximity to the practicum agency , all three indicated similar problems with the documentation of critical incidents. Two of the agencies use TCI and one uses a generic approach which incorporates agency policies and procedures for the documentation of critical incidents. When queried as to why the reports were accepted, replies ranged from, "we never really thought about it" to "it's just become accepted practice."

For appropriate solution strategies to be developed in this practicum report, it was important for the practicum student to identify and analyze those factors which contribute to the use of non-behaviorally descriptive language in the documentation of critical incident reports.

Analysis of the Problem

Several interrelated factors account for the presence of this problem in this practicum setting.

1. The first factor which contributes to the problem is that new child care workers begin work at this agency with minimal orientation. Though training in the PART-R prescriptive method is provided, new child care workers may simply lack the information and experience that is necessary to document critical incidents using behaviorally descriptive language. Krueger and May (1985)

suggest that corrective instruction that takes place early in the employment relationship can serve to correct a problem before the problem becomes habitual.

2. The second contributing factor is the acceptance of sub-standard documentation from the worker by the supervisor. By not utilizing the situation to teach good documentation skills, the supervisor may in fact contribute to the problem. On the other hand good supervision that is informative and provides corrective feedback, may serve as a tool to enhance staff performance (Drucker, 1973).

3. A third factor is that staff members working in the agency have varying levels of education as documented by a review of child care workers statistics from the practicum agency, and that the current training offered may not be adequate for all of the child care staff notably those with less education (Curry, 1993.) Specifically, the concept of appropriate documentation may not be taught and presented in a manner or on a level that all workers can understand and transfer to their work situation.

4. A fourth factor is that supervisors themselves may not have adequate training and consistent management direction in the area of good documentation utilizing behaviorally descriptive language and

consequently do not provide adequate corrective feedback to supervisees. As is well known, matters that do not enjoy consistent management support and attention easily lose any sense of urgency and priority (Blake & Mouton, 1982.)

5. The fifth and certainly critical factor is a natural tendency for proper documentation to fall-off without retraining and ongoing monitoring. This fall-off of learning following training is well documented (Titus, 1989; Curry, 1993; Ringuet, 1992; Smiar, 1993). As Titus (1989) for example, writes: "Follow-up and refresher training is a necessary part of any training program and must be in place, along with good supervision, to ensure the reinforcement of skills learned and their proper transfer to the workplace". (p. 67)

6. The sixth factor is a common language culture, that is, the acceptance of "commonly" used terms by and among employees in the social service field, without regard to their acceptability outside the service field. Corporate or agency culture develops within all organization and this culture is strong. Habits, good or bad become the norm and the norm becomes accepted (Vecchio, 1987.)

In light of this analysis, , the following steps would appear useful to addressing the problem of poor documentation of critical incident reports in this practicum setting:

1. a more comprehensive initial training which includes good documentation practice;
2. periodic training sessions which specifically address good documentation for both child care staff and supervisors for the purpose of cultivating and reinforcing appropriate language norms;
3. retraining opportunities for both child care staff and supervisors, when appropriate;
4. good supervision which includes consistent and constructive feedback regarding documentation of critical indicents; and
5. comprehensive monitoring of the documentation to ensure that the transfer of training skills is taking place in the units.

Chapter III

Goals and Objectives

It has been established that the critical incident reports currently being written and submitted by the child care workers in this practicum agency contain non-behaviorally descriptive language. It has also been established that the child care supervisors sign and therefore accept these reports as adequate. Two goals and four objectives were addressed in this report to help ameliorate this problem, namely:

Goal 1: To increase the use of behaviorally descriptive language when documenting critical incidents.

Objective 1: On completion of training, 100% of the child care workers will be able to distinguish behaviorally descriptive language from slang, jargon, and other inappropriate terms. At least 80% success rate is anticipated and will be measured by a post-test (see Appendix C).

Objective 2: By the end of the 10-week implementation period, at least 60% of the critical incident reports submitted by the child care workers will contain no documentation errors as measured by a weekly

review/count of the submitted incident reports by the practicum student.

Goal 2: To decrease the number of critical incident report forms using jargon and slang that will be accepted by the child care supervisors.

Objective 1: On completion of training, 100% of the child care supervisors will demonstrate at least a 90% success rate at distinguishing behaviorally descriptive language from slang, jargon, and other inappropriate terms, and will be measured by a post-test.

Objective 2: By the end of the 10-week implementation period, at least 75% of the critical incident reports approved by the child care supervisors will contain no documentation errors as evidenced by a weekly review/count of the submitted incident reports by the practicum student.

Chapter IV

Solution Strategy

Existing Programs, Models, and Approaches

Literature is replete with information regarding the need for training, retraining, and on-going supportive supervision. "Throughout at least the first year of full-time employment, the child care worker should gain experience in the full range of child care worker competencies, and receive close supervision, coaching, instruction, feedback and direction along specific skill-based dimensions of practice" (Forster, et al. 1987, p. 108). These same authors speak to the need for all workers to have continued time for skill development as part of on-going professional development. It is during the first year of employment that supervisees can be instilled with sound theory and practice.

Major care must be given to facilitate the transfer of skill and learning back to the practice area, which in this particular case are the two residential units for children. Many people may impact the transfer or application of learning, but the three principal players are the trainee, the supervisor, and the trainer. Curry (1993) suggests that training be viewed as an intervention. The intervention occurs during the actual training session, and extends itself to include the investigation into the need for training which occurs prior to the session and

during the regular follow-up after the session by the supervisor and/or trainer. This follow-up, especially when provided by the front-line supervisor, helps to underscore the importance that the agency places on a given skill. Krueger and May (1985), in an effort to ensure the utilization of training, suggest that there be a reinforcement system in place which could provide for accountability for change and regular review of skills learned during actual training sessions.

The trainer, aside from taking into account individual trainee needs, must also be concerned with organizational needs and expectations. Trainees or learners should be encouraged and supported as they integrate the knowledge they have gained from training. In fact, this knowledge integration reflects the essence of the training experience (Austin, Brannon, and Pecora, 1984). Some studies even suggest that how the child care supervisors deal with the very issue of supervision can affect employee performance (Blake & Mouton, 1982; Vecchio, 1987).

The thoughts and ideas gleaned from literature and referenced in the previous paragraphs suggest a vital link between training and the transfer of learning from the actual training session to the actual worksite. The role of the supervisor cannot be emphasized enough. When a new skill is learned or an existing skill is reinforced through retraining, supervisory support and encouragement on a regular basis can impact the level of integration of the skill.

In this practicum setting, documentation of critical incidents is addressed during crisis intervention training which is conducted on an annual basis. All child care workers and child care supervisors are currently trained using the PART-R method of documentation (Smith, 1992). This method of documentation suggests that critical incident reports address the same questions that a good news story would address (see Appendix A). These questions are:

1. Who was involved in the incident (staff and clients)?;
2. Where, specifically, did the incident take place?;
3. When did the incident occur (time of day/night)?;
4. What assaultive behavior was the client engaged in that necessitated physical intervention?;
5. Why the incident occurred?; and
6. How the child care worker intervened to resolve the incident with attention paid to specific physical techniques.

While PART-R training has proven useful in aligning physical intervention techniques with this agency's philosophy, the same has not occurred in the documentation of critical incidents. As cited and documented earlier in this report, numerous errors continued to appear when child care workers wrote critical incident reports.

Solution Strategy Employed

The purpose of this project was to increase the use of behaviorally descriptive language in the documentation of critical incident reports. The report should give an account or picture of the manner in which the client and the child care worker conducted themselves (behaved) before, during, and immediately following a critical incident. In addition, there was a need to decrease the number of incident reports containing errors that are signed by the child care supervisor.

Since all staff, as stated earlier, are trained in the PART-R method of crisis intervention and documentation (Smith, 1992), this training formed the basis of a retraining effort initiated by this practicum student. The retraining effort focused on decreasing the use of slang and jargon in documentation. For the purpose of this project, slang was defined as language that is nonstandard and contains arbitrarily assigned meaning, for example, the situation "became hot". What the child care worker meant by this, as ascertained during an interview, was that the youngster he was observing was becoming more agitated as evidenced by pacing, arm waving, yelling, and making threats of bodily harm. Jargon, as defined by this practicum student, is the commonly used language in this residential setting. For example, the child's increased agitation referred to in the previous illustration was described by the same child care worker as the client getting ready to "lose control" and "flip-out" which is typical jargon or commonly used language in this practicum setting.

To reduce the use of slang and jargon and increase the use of behaviorally descriptive language when documenting critical incident reports, the practicum student with input from the child care workers and unit supervisors designed and delivered a training session targeting this problem. Krueger & May (1985) recommend that workers be involved in periodic reviews of skills learned in training sessions.

The training consisted of four sections: 1. didactic, 2. practice through role plays and correct documentation of the role plays, 3. questions and answers, and 4. a post-test. During the didactic portion of the training, emphasis was placed on a conceptual understanding of the who, what, why, where, and how method of documentation (Smith, Barajas, 1988). After the didactic portion of the training, participants had the opportunity to practice the documentation skills presented to enhance their learning through the use of role play and documentation practice. Participants were given the opportunity to ask questions and employ specific examples of behavior observed in their work setting. Role plays were designed by the participants with support from the practicum student. The scenarios utilized included incidents documented by the participants in the month prior to the training (see Appendix D.)

The usefulness of training should be measured. To assess the initial effectiveness of the proposed training, a simple post-test was designed by the

practicum student to determine the ability of child care workers and their supervisors to distinguish between appropriate and innappropriate language. A score of at least 80% by the child care workers and 90% by the supervisors would be indicative of a sufficient knowledge and skill level gained in the training. If this result were not attained, further review and practice through the documentation of role plays would be required.

Supervisors play a critical role in the transfer of training. Smiar (1993) refers to supervision as a coordinating activity that should support the individual performing a task. He goes on further to refer to the supervisor's responsibility to provide accurate feedback and clear instructions. In this practicum setting and specifically in the area of documentation, prior to the implementation of the solution strategy supervisors did not take this responsibility seriously. Involving the supervisors in the same training as the child care workers can emphasize the importance of the training itself. This also ensures that all parties were presented with the same training materials and experiences.

Inasmuch as the supervisor's relationship with the workers is generally more attuned to day-to-day work assignments, the supervisors in this setting are assigned the task of monitoring the critical incident reports submitted for accuracy and clarity. Each unit supervisor, for a period of 5 weeks, conducted a content analysis of critical incident reports (see Appendix A). The supervisor

reviewed those results with the practicum student. By asking the supervisors to perform the content analysis and provide feedback to the practicum student, the supervisor was placed in the position of having to practice the knowledge learned in training, therefore transforming knowledge to skill.

As an adjunct to the supervisory follow-up, the practicum student met with the child care workers and the unit supervisor (for each unit involved in this project) in a team meeting during weeks six and nine of the implementation period for the express purpose of citing examples of both poor and good documentation utilized since the training session.

For the purpose of measuring the degree to which the specified objectives in Chapter III have been achieved, the practicum student administered a post-test following training. In addition, the practicum student completed a simple tabulation of errors contained in the critical incident reports and the number of the reports improperly accepted. Based on my experience and on discussion with supervisory staff, a 75% achievement rate constitutes an appropriate norm. If this rate of achievement can be attained, this project would be useful to the agency and would be continued in the future.

In summary, the responsibilities of the practicum student in project implementation were to design and implement the training and post-test and to provide follow-up and consultation in the transfer of learning phase. Also, the

practicum student kept a log of all activities conducted and maintained contact with the practicum advisor should mid-course correction be needed.

A 10-week implementation plan for the project is found in Appendix E. The implementation plan, schedule of activities, and evaluation outlines:

1. the steps necessary to carry out the solution strategy,
2. the person/s responsible for each step, and
3. the time allotted for each step of the process.

It was the hope of this practicum student that the solution strategy employed in this project would decrease the frequency in the use of jargon and slang as well as, the frequency that critical incident reports with poor documentation were accepted by supervisors. The solution strategy outlined would help child care workers to increase the use of behaviorally descriptive language in their writing, thereby creating well-documented critical incident reports in this practicum setting. Well-documented critical incident reports would result in clearer communication and more professionally written reports, and would be an indication of improved supervision in the area of written documentation and ultimately improved care for children and youth. In addition, since the project was successful, the proposed solution strategy could be implemented agency-wide, since the problem is known to exist beyond the scope of this practicum project.

Chapter V

Strategies Employed : Action Taken and Results/Outcomes

Description of Activities

The solution implementation went as planned, with no need for corrective action of any type. The activities undertaken by the practicum student during the ten-week implementation period of this project are included in Appendix E. A content analysis of the critical incident reports submitted and approved in the month prior to the implementation of the project was conducted. Of the 21 reports on file, 87% contained at least one error by using jargon, slang, or generic terms to describe the incident. With input from the target child care workers and their supervisors a training session was designed (see Appendix D.) The focus of the training was to retrain the targeted child care workers and supervisors in the use of appropriate behaviorally descriptive language when documenting critical incident reports. The addition of several role play situations in the training session (Titus, 1989,) in which typical life-space situations were observed and documented, allowed for the immediate practice of the skills learned, thereby increasing the probability that learning would be transferred from the classroom to the milieu.

To determine the effectiveness of the training a post-test (see Appendix C) was designed and distributed for completion to all trainees. As Curry (1993) suggests, training must meet the needs and be flexible enough to accommodate the

different learning styles of the adult learner. Through the utilization of several different modes of training in one session, all of the participants were able to garner useful information for appropriate incident report documentation. By involving the child care supervisors in the same training as the child care workers, all participants received the same information and the same level of expectation for the implementation of the project. In addition, by focusing specifically on the documentation piece of the crisis intervention training, this practicum student was able to eliminate the problem of poor documentation identified in the practicum setting. However, a similar agency which utilized the Therapeutic Crisis Intervention (TCI) training continued to experience poor documentation upon completion of this training (Titus, 1986) because, in the opinion of this student, this agency did not specifically focus on the documentation piece of the TCI training.

Setting the expectation that all critical incident reports must be well written was established in the training session. The child care worker knew that their supervisor and the project coordinator was available for questions and feedback. The child care workers knew that substandard reports would not be accepted.

The child care supervisors with support from the project coordinator conducted a content analysis for each of the 32 critical incident reports submitted during the implementation of the project. Feedback was given as soon as the reports were read for the purpose of knowledge integration (Austin, Brannon, and

Pecora, 1984.) Regular meetings were conducted between the supervisors and this writer to provide constructive feedback and to establish that an acceptable level of transfer of learning was taking place. All three of the reports that were returned for a rewrite were submitted by the second week of the project. There was no apparent decline in the learning.

The project coordinator met with the child care workers every three weeks to provide positive feedback on the well-documented reports. Staff members were encouraged to ask questions during these meetings. It is the opinion of this writer that several factors contributed to the improvements in the use of behaviorally descriptive language when documenting critical incident reports: 1. the training was successful as evidenced by the results of the post-test; 2. the regular follow-up and the support provided to the target groups was adequate; and, 3. the clearly stated expectation that only good documentation was acceptable was appropriate for the project.

Examination of Results/Outcomes

Specific goals and objectives were designed and implemented for the expressed purpose of ameliorating the problem of poorly or inadequately written reports. The intent of this chapter is to substantiate that all goals and objectives of the project were completed satisfactorily and that the results exceeded the expectations of this writer.

Goal one of the project was to increase the use of behaviorally descriptive language when documenting critical incidents. Critical incident reports which were analyzed for the month prior to the project being implemented were documented correctly only 13% of the time. Incident reports submitted and analyzed during the project implementation phase were documented correctly in 90.62% of the cases. These data denote an improvement of 77.38% in the writing and acceptance of critical incident reports.

Goal one had two objectives. The first objective stated that 100% of the child care workers would be able to distinguish behaviorally descriptive language from slang, jargon, and other inappropriate terms at least 80% of the time as measured by the completion of a post-test which was distributed at the conclusion of the training. The outcome was that 100% of the child care workers attained a 90% or better on the post-test.

The second objective under goal one was that 60% of the critical incident reports submitted by the child care workers during the implementation period would not contain any documentation errors. This objective was successful. Thirty-two incident reports were submitted during the implementation phase of this project. In 90.62% of the 32 reports there were no documentation errors.

The second goal of this project was to decrease the number of incident reports using jargon and slang that were accepted by the child care supervisors.

The first objective employed to meet this goal was that 100% of the target child care supervisors would demonstrate a 90% success rate in distinguishing between slang and jargon, and behaviorally descriptive language as measured by the completion of a post-test distributed at the conclusion of the training. The two target supervisors received a score of 100% on the post-test.

The second objective was that at least 75% of the critical incident reports approved by the child care supervisors would contain no documentation errors. The supervisors returned three of the 32 submitted incident reports to the child care worker for a rewrite. Consequently, 100% of the approved incident reports were properly written prior to the acceptance by the supervisor.

The outcome percentages for each of the goals and objectives for this project and listed in the previous paragraphs are indicators that all the goals and objectives of the project were satisfactorily completed in this project. In actuality, the stated results exceeded the anticipated expectation of this practicum student. Several factors contributed to the successful outcomes of this project:

1. The support and training provided to the child care workers and the supervisors was adequate;
2. The expectations placed on both the child care worker to submit and the supervisors to accept only properly documented incident reports was realistic;

3. The follow-up provided to the child care workers and the supervisors after the conclusion of the training to facilitate the transfer of learning (Curry, 1993) was satisfactory;
4. The opportunity for immediate corrective feedback upon submission of the three reports that were submitted with errors was appropriate; and,
5. As stated by the child care workers during a meeting to review the project outcomes, they simply "did not want to have to rewrite critical incident reports."

Chapter VI

Conclusions: Implications and Recommendations

Conclusions and Implications

The interventions utilized in this project and described earlier in this report were very useful in the amelioration of poorly written critical incident reports submitted in this practicum agency. The incident reports went from a pre-intervention rate of 13% correct to a post-intervention rate of 90.62% correct. All three of the critical incident reports submitted with errors were corrected with one rewrite prior to approval by the supervisor. The child care workers scored 90% or better and the supervisors 100% on the post-test administered at the conclusion of the training. In addition, 100% of the critical incident reports accepted by the supervisors contained no documentation errors.

Outcomes suggest a number of implications of the project:

1. Proper identification of the problem from the onset can increase the likelihood of the target deficit in skill being decreased or eliminated;
2. When training sessions for child care workers take into account the varied learning styles of the trainees including didactic presentation, role plays, skill practice (Curry, 1993) they may more fully meet the specific needs of the individual;

3. Retraining in specific skills (Krueger and May, 1985) can increase the probability that the skills will be integrated into the daily work of the child care worker. In this practicum setting the retraining effort conducted produced marked imporvement in the documentation skills of the child care workers;
4. That with close supervision, coaching, instruction, and feedback related to the competencies of their work (Forster, et al. 1987), child care workers can learn to provide quality care for children and youth. This was evidenced by the successful use of feedback to immediately correct the three incident reports which contained errors;
5. That when supervisors and managers place appropriate expectations on and provide support to their employees they can produce meaningful reports. These reports may then be utilized to ascertain treatment efficacy; and
6. That the PART-R method of documentation (Smith, 1992) is useful especially when combined with good supervision.

Recommendations

This project proved to be functional in the agency in which it was implemented. It was well received by the targeted child care workers and supervisors. In discussions held with these staff members the desire is present to

continue the high standard of critical incident report writing detected during the implementation of the project. The supervisors involved in this project have made a commitment to continue to provide appropriate expectations for their staff and to provide the support necessary to proceed at the same level of outcome. Staff members will receive at least annual retraining in good documentation. If the child care supervisors or the program director detect increased error rates in the documentation of critical incident reports, retraining would occur sooner.

The program director was impressed with the quality of the written reports submitted during the implementation of this project. It is her desire that all the child care workers and their supervisors be trained or retrained utilizing the outline format in Appendix D. This will commence in the fall of 1994. If managers hold supervisors accountable for the quality of the work of their staff members, then it follows that well written critical incident reports will become the norm in this practicum agency.

This information could prove valuable in other similar agencies as well. This writer is aware of at least three other agencies in geographic proximity to the practicum agency who have expressed concern about this problem in their agency. Since there is currently a movement underway in this region to share training expertise, this specific training could be implemented in these agencies and will be offered by this student.

Future plans beyond the scope of the local area include presentations of this topic at both state and regional conferences, such as the Inter-Association Child Care Conference (IACCC). This student will also pursue the possible development of this material for publication with the National Organization of Child Care Worker Association's (NOCCWA) research and study committee.

The ability of child care workers to write clearly documented reports will help to professionalize the field of child and youth care. Clearly documented reportswritten by the child care workers are indicators of an increased knowledge base and expanded practice skills of the child care workers.

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Appendix A:

PART-R Recording

Chapter 6

Recording

Key question:

Recording

- Do my reports accurately reflect the assaultive incident and staff interventions?

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Recording Principle

The primary purpose of written reports is to promote communication among team members. Clearly written reports about assaultive incidents, which are complete and accurate, provide the treatment team with needed information. Such reports enable the team to modify treatment plans when necessary. These reports also assist with developing preventive measures by communicating clearly what precipitated the assaultive incident.

Properly written reports can also protect professionals and their agencies from misrepresentation of staff performance during an assaultive incident.

A complete report of an assaultive incident is based on the six points contained in a good newspaper story: who, what, when, where, why, and how. In addition to these six components, complete incident reports also contain information about injuries, notification, and follow-up.

1. **Who**: Accurate identification of all of the people directly involved in the incident.

2. **Where:** An exact or adequate description of the location of the incident.

3. **When:** The time(s) or time frames and date of the incident. Avoid generalizations, such as Monday morning, after dinner, etc.

4. **What:** An accurate description (not interpretation) of what happened during the incident. This is the time to list the staff interventions used in order from least to most restrictive.

5. **How:** A description of how the client carried out the assault and how the staff intervened. This is the time to document the "hierarchy of interventions".

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6. **Why:** Identify the visual, auditory, and historical signs of impending assault that might explain the motive for the assault. If the signs were not clear or were not observed, write down what you are sure of, do not try to guess why the incident happened. Also explain why the staff chose to intervene as they did and explain why less restrictive interventions did not work.

7. **Injuries:** Statement of either visible injuries, or a statement attesting to the absence of injuries.

8. **Notification:** A statement of who was notified of the incident: physicians, parents, supervisors, social workers, etc.

9. **Follow-up:** Identification of either a requirement for further action or follow up, or a voluntary plan for follow up. This is the section to show that you are concerned about the incident, and do not simply accept it as inevitable.

Remember *if it isn't in writing, it didn't happen. If it is written incorrectly, it happened the way you wrote it. Keep your language simple, short, and jargon free.*

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Appendix B:

Critical Incident Report Form

INCIDENT REPORT FORM

NAME: _____
UNIT: _____
DATE: _____
TIME: _____

****

☐ INJURY ☐ RESTRAINT ☐ RUNAWAY ☐ QUIET ROOM ☐ OTHER

REASON:

- ☐ Accidental
- ☐ Assault by Peer
- ☐ During Restraint
- ☐ Self-Inflicted
- ☐ Self-Injurious Threat

EXTENT:

- ☐ No attention Needed
- ☐ First Aid by Staff
- ☐ Evaluated by R.N.
- ☐ Evaluated by M.D.
- ☐ ER Treatment
- ☐ Hospitalized

REASON:

- ☐ Assaultive to Staff
- ☐ Transition
- ☐ Self-Abuse
- ☐ Sev. Property Destruction
- ☐ Runaway Attempt
- ☐ Adult Redirection
- ☐ Family
- ☐ Peer Hassles, Assault
- ☐ Escort

DURATION OF RESTRAINT _____

OF STAFF INVOLVED _____

DURATION OF INCIDENT _____

REASON:

- ☐ Less Stimulation
- ☐ Severe Disruption
- ☐ Physical Aggression

DURATION _____

SUPERVISION

- ☐ Visual
- ☐ Staff in Quiet Room

REASON:

- ☐ ____

LOCATION OF INCIDENT: _____

STAFF MEMBERS INVOLVED: _____

PRECIPITATING BEHAVIOR: _____

_____

_____

_____

_____

_____

_____

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INCIDENT REPORT
PAGE TWO

ATTEMPTS PRIOR TO RESTRAINT: _____

_____

_____

_____

_____

_____

_____

_____

DESCRIPTION OF INCIDENT: _____

_____

_____

_____

_____

_____

_____

_____

_____

RESOLUTION: _____

_____

_____

_____

_____

_____

_____

_____

SUPERVISOR DATE

PERSON FILING REPORT DATE

ADMINISTRATOR/DESIGNEE/DATE

THERAPIST DATE

WITNESS DATE

EWS
2/92

Appendix C:

Post-test

Page 1

Post-Test

Name _____

Please circle true or false after each statement.
When the statement is behaviorally descriptive, circle True.
When the statement is not behaviorally descriptive, circle False.

1. The child kicked the child care worker in the left shin. True False

2. The child began to lose control and scream. True False

3. The child threw himself on the floor. True False

4. The child yelled loudly for the other boys to leave him alone. True False

5. The child spit in the child care worker's face. True False

6. The child quickly escalated. True False

7. The child banged his fist on the wall. True False

8. The child lost control. True False

9. The child struggled violently. True False

10. The child was disruptive to the group. True False

Page 2

11. The child ran through the unit. True False

12. The child was extremely verbal when redirected. True False

13. The child was disrespectful to the child care worker. True False

14. The child threw a basketball through the dining room window. True False

15. The child was acting bizarre. True False

16. The child stood on his head in the corner of the quiet room. True False

17. The child curled-up in a fetal position. True False

18. The child displayed a poor attitude. True False

19. The child smeared feces on the wall. True False

20. The child punched himself in the head three times. True False

Total Correct _____

Percentage _____

Appendix D:

Training Outline

Training Outline

for

Using Behaviorally Descriptive Language when Documentating Critical Incident Reports

1. **Background of the Practicum Project**

2. **Didactic Presentation**

   a. **What is poor documentation? Give examples.**

   b. **What is good documentation? Give examples.**

   c. **Why is good documentation important?**

   d. **Specific method outlined in PART-R**

3. **Establish and Conduct Role Plays**

4. **Documentation Practice Utilizing the Agency's Documentation Forms**

   a. **Feedback**

   b. **Questions**

5. **Conduct Post-test**

Role Play Situations

ROLE PLAY #1

Background: A nine year old male tried to call his mother, but the mother did not answer the phone.

Youth: Slams down the phone and begins muttering under his breath about his mother never being home.

CCW: Attempts to reassure the youth and ascertain what the youth needs.

Youth: Starts yelling, pacing, and slamming doors.

CCW: Moves in closer to provide comfort and verbal direction. Signals for backup.

Youth: Begins to strike the CCW in the face and on the body.

CCW's: Physically intervene with the youth to stop him from striking the staff member.

Youth/CCW's: Proceed with a brief restraint.

Youth/CCW: Conduct problem solving session after the youth's return to baseline.

Role Play Situations

ROLE PLAY #2

Background:	**A 13 year old female is at the table trying to work on her math homework. A 10 year old female resident is making unfavorable remarks about the 13 year old youth's mother.**
13 year old Youth:	**Makes several verbally threatening remarks to the 10 year old youth.**
CCW:	**Moves in closer and suggests that both youth complete their homework.**
13 year old Youth:	**Tells the CCW to get the younger child away from them.**
10 year old Youth:	**Once again make comments about the 13 year old youth's mother.**
13 year old Youth:	**Begins hitting, scratching, and kicking the 10 year old youth.**
CCW:	**Calls for assistance and separates the two girls.**
CCW's:	**Physically intervene with the 13 year old youth who is continuing to hit the 10 year old youth.**
Youth/CCW's:	**Proceed with a brief restraint.**
Youth/CCW:	**Conduct a problem solving session after the youths return to baseline.**

Appendix E:

Implementation Plan

IMPLEMENTATION PLAN

Schedule of Activities and Evaluation

Week One:

1. The practicum student with input from the supervisors involved in the project set dates and times to provide training to the child care workers and supervisors.

   Time required: 30 minutes

2. The practicum student with input from the child care workers developed the training curriculum on the use of behavioral descriptors. This work included a further review of the literature and existing materials currently in use at the practicum agency.

   Time required: 6 hours

3. The practicum student conducted a content analysis of critical incident reports that were submitted in the month prior to the implementation of the project. This analysis was used as a baseline with which to compare the content of critical incident reports written at the end of the project.

   Time required: 2 hours

Week Two:

1. The practicum student continued the development of the training curriculum until its completion in order to be ready for the supervisors and child care staff training which was conducted during week three of the implementation process.

   Time required: 4 hours

2. The practicum student developed a post-test to be issued at the end of the training to determine the child care workers and supervisors' ability to determine successfully behaviorally descriptive language. The post-test is included in Appendix C of the practicum report.

   Time required: 1 hour

3. The practicum student produced a written outline of the training, including the goals, the length of time for the training, activities, etc. This training outline is included in Appendix D of the practicum report.

   Time required: 1 hour

4. The practicum student reviewed the current project status with the program director and project verifier.

   Time required: 1 hour

Week Three:

The practicum student offered and conducted a training session which was scheduled on two different days of the week and at two different times of the day to accommodate the varying schedules of the child care workers. Each training session included didactic presentation, role plays, question and answer time, feedback period, and a post-test.

Time required: 6 hours (3 hours for each training session)

Week Four:

1. The practicum student compiled and analyzed the post-test results.

   Time required: 1 hour

2. The practicum student reviewed post-test results with the unit supervisor and program director.

   Time required: 30 minutes

3. Each unit supervisor involved in the project established a file for all documented critical incidents submitted by the child care workers that he/she supervises.

Week Five:

1. The unit supervisor performed a content analysis of submitted incident reports from the previous week and reviewed the results

with the practicum student.

Time required: 1 hour

2. The practicum student held office hours to discuss with the supervisors and the child care workers any questions they had.

Time required: 2 hours

Week Six:

1. The practicum student met with the child care workers and the unit supervisors in a team meeting. The practicum student cited examples of both poor and good documentation utilized since the training session in week three.

Time required: 30 minutes

2. The unit supervisor performed a content analysis of submitted incident reports from the previous week and reviewed the results with the practicum student.

Time required: 1 hour

3. The practicum student held office hours to discuss with the supervisors and the child care workers any questions they had.

Time required: 2 hours

Week Seven:

1. The unit supervisor performed a content analysis of submitted incident reports from the previous week and reviewed the results with the practicum student.

   Time required: 1 hour

2. The practicum student held office hours to discuss with the supervisors and the child care workers any questions they had.

   Time required: 2 hours

Week Eight:

1. The unit supervisor performed a content analysis of submitted incident reports from the previous week and reviewed the results with the practicum student.

   Time required: 1 hour

2. The practicum student held office hours to discuss with the supervisors and the child care workers any questions they had.

   Time required: 2 hours

Week Nine:

1. The practicum student met with the child care workers and unit supervisors in a team meeting. The practicum student cited examples of both poor and good documentation utilized since the

team meeting in week six.

Time required: 30 minutes

2. The unit supervisor performed a content analysis of submitted incident reports from the previous week and reviewed the results with the practicum student.

Time required: 1 hour

3. The practicum student held office hours to discuss with the supervisors and the child care workers any questions they had.

Time required: 2 hours

Week Ten:

1. The unit supervisor performed a content analysis of submitted critical incident reports from the previous week and reviewed results with the practicum student.

Time required: 1 hour

2. The practicum student collated the data collection of the previous six weeks.

Time required: 2 hours

3. The practicum student met with the program director, the unit supervisor, and the child care workers to provide feedback regarding the outcomes of the project.

Time required: 2 hours